

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
Centre ID:	OSV-0004871
Centre county:	Clare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Eamon Loughrey
Lead inspector:	Mary Costelloe
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
29 September 2015 08:30	29 September 2015 04:30
30 September 2015 09:00	30 September 2015 14:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the first inspection of this centre carried out by the Authority. The provider made an application for the centre to be registered under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. This registration inspection was announced and took place over two days.

As part of the inspection, the inspector met with the residents, relatives and staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records, policies, procedures and staff training records.

This centre is a single storey semi-detached house and provides residential accommodation for two residents.

Overall, the inspector found that residents received a good quality service in the centre. Staff supported residents in making decisions and choices about their lives. Residents were supported to pursue their interests, hobbies and to partake in activities of interest to them.

The centre was comfortable, homely, appropriately furnished and well maintained.

Staff and residents knew each other well, residents were observed to be relaxed and comfortable in the company of staff.

However, the inspector had some concerns regarding restraint management, the complex healthcare needs being fully met in line with assessed needs and staffing arrangements. Other areas for improvement included privacy, service agreements and medication errors documentation. These areas for improvement are discussed further in the report and included in the action plan at the end of the report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that residents were consulted in how the centre was planned and run. There were regular in-house meetings held with residents. The inspector reviewed the minutes of some of these meetings and noted that issues discussed included the development of the sensory garden area, the purchase of garden furniture, painting of the house, new ideas for getting pets such as a fish, activities and menus. The inspector observed that residents were consulted about the food they wished to eat and places they wanted to go and activities they would like to pursue. Staff confirmed that they spoke with all residents on a daily basis to seek their views regarding all daily activities.

Residents had access to advocacy services. Information leaflets on the local and national advocacy services were displayed in the centre. Staff told the inspector that they were planning to support residents to attend a local workshop on self advocacy for people who do not communicate with speech the following week.

The inspector found that the management team had a positive attitude to receiving complaints and considered them a means of learning and improving the service. There was a complaints policy in place, which included details of the designated complaints officer, the appeals process and details of the nominated person independent to the person nominated to deal with complaints to ensure all complaints were responded to and all records were maintained.

There was a complaints log book available to record complaints, comments or suggestions. There was one complaint documented for 2015. The inspector was satisfied

that the complaint had been dealt with in line with the centres policy.

The inspector observed that the privacy and dignity of each resident was respected. Staff spoke with residents in a caring and respectful manner. All residents had single bedrooms. An intimate personal plan was developed for each resident to ensure privacy was respected and to protect the resident from any risk during the delivery of intimate care. Each bedroom had been personalised with residents preferred colour schemes, soft furnishings and furniture. The inspector observed that residents were relaxed and happy in the company of staff.

However, there was a separate chalet located on the grounds of the centre which facilitated day service users but this was not in use at the time of inspection. While the chalet had toilet facilities, staff told the inspector that day care service users on some occasions used the bathroom and showering facilities in the centre. This had implications for residents' privacy and sense of home.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that systems were in place to assist and support residents to communicate.

There was a communication policy in place. Staff spoken with were aware of the different individual communication needs of each resident. Each residents' communication needs were assessed and set out in their personal plans. The inspector observed staff communicating with and being understood by residents.

Residents had access to televisions, radio, music systems and the internet. Residents had their own iPads which they used to listen to music and to assist in communication. Visual weekly activity schedules were in use and pictorial staff schedules were in use to assist communication and to act as reminders to residents.

Residents had been assessed by the speech and language therapist (SALT) and further reviews were scheduled.

There were easy read versions of many policies, the residents guide, statement of purpose, service agreements and complaints procedure available to residents.

Residents were provided with information on local events at the in-house meetings and information was also displayed.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that residents were supported to maintain positive relationships with their families and the local community.

All residents went home and visited families on a regular on-going basis. Residents had many photographs of their family members displayed in their bedrooms and some residents showed these to the inspector. There was an open visiting policy in place and family and friends could visit at any time. During the inspection the inspector met with family members who stated that they visited regularly and could visit at any time and were always made welcome. Residents could receive visitors in private if they wished. Residents were supported to visit and socialise with their friends some of whom lived in other houses in the organisation. During the inspection the inspector observed a music group taking place in the house, former house mates and friends attended the music session. They all partook and appeared to be enjoying the music, singing and dancing.

Residents were supported to maintain links with the local community. A resident told the inspector of the many places that she enjoyed going and the people she knew in the community. Residents went grocery shopping, to the butchers, fish shop, fruit and vegetable shop, bakery, post office and bank, local coffee shops and local bars. Some residents liked to go swimming, to the gym, zumba classes, bowling, and walks in the local parks.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The admissions policy clearly set out the criteria for admissions, the inspector found this to be in line with the statement of purpose.

There was a signed service agreement in place for each resident. The inspector noted that the agreement set out the services to be provided however, it did not clearly set out the fees for rent to be charged.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that each resident had opportunities to participate in activities, appropriate to their individual interests. Arrangements were in place to meet each resident's assessed needs and these were set out in an individualised personal care plans. Residents and their families were involved in the development of their personal plans and staff provided a good quality of social support to residents. Personal plans were available in an accessible picture format.

Each file contained important information about the residents' backgrounds, including details of family members and other people who were important in their lives.

The inspector reviewed the personal plans; they were based on the assessed individual support needs of each resident. Assessments had been carried out in consultation with the residents, parents, family members, multidisciplinary team members, former and current staff.

Detailed support plans were in place as required including health, nutrition, home, work, finance, respect and rights, mobility, communication, autonomy, safeguarding, community inclusion, transport, spirituality, relationships, breakaways and life transitions.

Individualised risk assessments/protocols were being used to ensure that residents could participate in activities with appropriate levels of risk management in place. They also included intimate care protocols and money management competency assessments. The personal care plans were found to be person centred and individualised and the inspector saw staff implementing personal plans with residents. There was evidence of referrals to a range of multi disciplinary health professionals and recommendations were reflected in personal plans.

There was evidence of regular review and participation of residents/relatives in the development of and reviewing of plans. Each file had an individualised weekly activities timetable.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

This centre was a single storey semi detached house. It was located in a quiet cul-de-sac of a residential area and close to many amenities. The design and layout of the main house fitted with the statement of purpose and met the needs of residents.

The centre was well maintained internally and externally. It was comfortable, clean,

warm and homely.

The house had a variety of communal day space including a large bright kitchen/dining and living area. There was a separate living /sensory room. The rooms were comfortably and appropriately furnished. The layout was spacious and promoted residents' independence, privacy and safety.

All bedrooms were for single occupancy; they were bright, well furnished and decorated in varying colour schemes of residents' choice. Residents had adequate personal storage space. One bedroom had en suite shower facilities. There was a separate bathroom with assisted shower and Jacuzzi bath.

There was a separate office/bedroom for staff.

There was a separate utility room with facilities for washing and drying clothes. Residents were observed being supported to use these facilities.

There were adequate arrangements in place for the storage and removal of domestic waste.

Residents had access to a large garden area to the rear of the house. The sensory garden area had been recently developed and contained all the elements of sight, sound, touch and smell. Suitable garden furniture including a hammock style swing chair was provided for residents use. The inspector observed residents enjoy using the garden area.

The house and garden area were wheelchair accessible.

Suitable equipment and aids were provided for use by residents including ceiling hoist, portable hoist and motorised wheelchair. The inspector noted that service records for this equipment were up to date.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that the health and safety of residents, visitors and staff was

promoted and protected.

There was an up-to-date health and safety statement available. There was a risk management policy and recently updated risk register which included the risks specifically mentioned in the Regulations. Systems were in place for the regular review of risk. Staff carried out and recorded monthly health and safety checks.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in August 2015 and the fire alarm system had been serviced in July 2015. Systems were in place for regular testing of the fire alarm, daily and monthly fire safety checks and these checks were being recorded. All staff had received up-to-date formal fire safety training. The procedures to be followed in the event of fire were displayed. Regular fire drills and emergency evacuation practices took place involving residents and staff. New fire doors had been fitted throughout the house.

A personal emergency evacuation plan had been documented for each resident. There was a fire and emergency plan in place which outlined clear guidance for staff in the event of a fire and evacuation of the centre. Arrangements were in place for alternative accommodation in the event of evacuation. The emergency plan included guidance for staff as to what their roles might be in the event of range of other types of emergencies.

The house was found to be maintained in a clean and hygienic condition throughout. There was an infection prevention and control policy in place and local infection control procedures guiding practice. Staff had recently received training in hand hygiene and food safety. Training records reviewed confirmed that training had taken place.

All staff had received up-to-date training in moving and handling.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused, however, the inspector had some concerns regarding restraint management.

The inspector reviewed the comprehensive policy on the safeguarding of vulnerable adults at risk of abuse. The policy outlined clear guidance for staff as to what their role would be if they suspected any form of abuse and outlined clear guidelines for managing allegations of abuse including conducting an investigation. It also included the name and contact details of the designated contact person. All staff had received up to date training in relation to adult protection. There was an easy read version of the policy available to residents. Staff spoken with were knowledgeable regarding their responsibilities in this area.

The inspector reviewed the policies on restraint and responding to behaviours that challenge. The policies outlined clear guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The policy on restraint included clear directions on the use of restrictive procedures including ensuring that the least restrictive intervention was used for the shortest period possible. There was evidence that the occupational therapist(OT) and clinical psychologist had been consulted with and involved in the review of restraint measures. Positive behaviour support plans were developed in consultation with the clinical psychologist to support residents. All staff had received training on managing actual potential aggression.

Some restrictive practices including bed rails were in use. However, the inspector had concerns that a full assessment of the resident in line with national policy had not been completed prior to using bedrails and there was no routine monitoring of the restraint when in use. Staff had not received training in the use and implications of restrictive procedures in particular bedrails. There was no evidence of consultation/consent or that the resident/family had not been made aware of the risks involved in the use of this restraint measure.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

All staff were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. All incidents to date had been notified as required.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that residents had opportunities for new experiences, social participation, training and employment. There was a policy on access to education, training and development, domains featured in the personal plans included learning, growth and new experiences and work. Residents' short, medium and long term goals were set out under these domains. The inspector saw that a short term goal for one resident included commencing a literacy/numeracy class and a medium term goal included obtaining a volunteering role in the community. An initial meeting had recently been held with the employment and roles facilitator for the Vocational training programme with a view to progressing this goal.

A resident spoken with confirmed that they were supported to engage in a range of social activities both internal and external to the centre. The inspector observed residents enjoying a music group held in the house.

The inspector observed residents using and enjoying the recently developed sensory garden at the rear of the house and residents had recently been consulted regarding the possibility of getting some pets such as a fish or a cat.

Staff told the inspector that in consultation with residents they continued to source new activities of interest to residents.

Staff discussed ways in how life skills were being developed to support residents to live as independently as possible such as shopping, cooking and laundry.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that residents' general healthcare needs were met and they had access to appropriate medical and allied healthcare services, however, the needs of a resident with complex healthcare needs was not in carried out in line with their personal plan.

All residents had access to general practitioner (GP) services of their choice. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

Residents had access to a range of allied health professionals. Records of referrals and appointments were observed in residents' files and recommendations were reflected in residents' personal plans.

The inspector noted that while residents' healthcare needs were assessed and individual care plans/protocols were in place to guide staff with the individual healthcare needs of residents. However, these were not always being carried out by staff, particularly in relation to complex healthcare needs. Staff were unclear if some protocols in use were in line with evidenced based best practice.

The inspector was satisfied that residents' were supported to buy, prepare and cook the foods that they wished to eat. Residents had access to the kitchen at all times and could choose a time that suited them to have their meals. Residents had access to drinks and snacks throughout the day.

There was food and nutrition policy guiding practice in the centre. Staff were aware of the dietary needs of each resident and these needs were being met.

The weekly menu was planned in consultation with each resident and the inspector observed this taking place. Pictorial menu options and recipes for specialised diets were available. Advice had been sought from the nutritionist and speech and language therapist (SALT). A nutritionist had visited and provided information and training for residents, staff and family members in developing healthy eating plans. The SALT had recently visited and assessed residents with swallowing difficulties, the person in charge told the inspector that she was due to return to carry out further assessments.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that safe medication practices were in place, however, the recording of medication errors required improvement.

There was a medication policy dated January 2015 in place and staff spoken with were knowledgeable regarding medication managements policies and practices. The person in charge advised the inspector that guidance in relation to 'over the counter medications' was currently being revised and she had put in place a protocol to guide staff in the interim.

The inspector reviewed the prescription/administration charts and noted that all medications were individually prescribed.

They contained all the information required to enable staff to safely administer medications. The inspector noted that the maximum dosages of PRN (as required) medications were prescribed and all medications were regularly reviewed by the GP.

There were no residents prescribed controlled medications or crushed medications at the time of inspection.

Systems were in place for the safe storage of medications and safe return of medications to the pharmacist.

Systems were in place to record medication errors however, the inspector noted that the details of a recent error recorded were not clear. For example, there were no details of the names or the dose of the medications that were administered in error. The person in charge told the inspector that the medication report form template was currently being reviewed to ensure more comprehensive details were recorded.

All staff had attended medication management training which included a clinical competency assessment.

Medication management audits were carried out regularly. The inspector reviewed the

results of the last audit which was carried out in May 2015. No issues had been identified. Six monthly audits were also carried out by the regional manager in relation to administration of PRN (as required) medications and misadministration of medications/missing medications.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector reviewed the updated statement of purpose dated 20 May 2015 and submitted in advance of the inspection. It complied with the requirements of the Regulations and accurately described the services provided.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that the person in charge had the appropriate experience for

the role. She had a Masters Degree in Social Care Management and she worked full-time. She was also the person in charge of three other centres in the area. She had been working in the organisation since 2014. She was knowledgeable regarding the requirements of the Regulations and Standards and had very clear knowledge about the support needs and personal plans of each resident. She was in daily contact with staff and visited the centre weekly. The inspector observed that she was well known to staff and residents. A social care worker or regional manger deputised in the absence of the person in charge.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. The structure included supports for the person in charge to assist her to deliver a good quality service. These supports included a regional manager, human resource manager, training officer, social worker and psychologist. The designated person to act on behalf of the provider visited the centre annually and was knowledgeable about the service. There were established monthly management meetings where the managers of services could meet to discuss common areas of interest and share their learning.

The person in charge outlined how she regularly met with the regional manager and other service coordinators. The regional manager in turn attended senior management meetings when issues relating to centres could be discussed. The person in charge told inspectors that she could contact any member of the management team at any time should she have a concern or issue in relation to any aspect of the service.

An annual review of the quality and safety of care in the centre had been carried out on 28 August 2015. The audit clearly set out the findings and identified areas for improvement. The action plan included the issues to be addressed, the name of the person responsible and the timeframes for completion of actions. The inspector noted that while the audit had been recently carried out many of the actions highlighted had already been addressed. Audits had also been completed on medication management, incidents and accidents.

Judgment:
Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:

The person in charge and management staff were aware of the requirement to notify the Chief Inspector of the absence of the person in charge. To date this had not been necessary.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The organisation had a service level agreement with the Health Service Executive in place. There was evidence of enough resources to provide sufficient facilities and services that reflected the centre's statement of purpose.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that the centre had a sufficient number and skill mix of staff on duty to meet the needs of the residents during the days of inspection. There were normally two staff on duty throughout the day from 9.30 until 21.00. There was one

staff member on duty from 21.00 who slept over and finished at 09.30 the following morning. However, the inspector had some concerns that the staffing arrangements at night time could not fully support and monitor the needs of a resident with complex healthcare issues such as inadequate monitoring of the bedrails at night and the inadequate provision of suitable personal care needs for some residents. This has been discussed further under Outcome 8 Safeguarding and Safety and Outcome 11 Healthcare Needs.

The staffing roster reviewed included the times and names of staff on duty.

The person in charge maintained a training matrix which monitored staff training needs. All staff had undertaken up to date mandatory training.

The inspector reviewed a number of staff files; they contained all the information as required by the Regulations.

There were no volunteers attending the centre.

The management team were committed to providing ongoing training to staff. Staff spoken with confirmed that they had attended ongoing training and records of training were maintained in staff files. Recent training included hand hygiene, medication management, managing actual and potential aggression, epilepsy awareness and rescue medication, food safety, occupational first aid and relationships including sexuality self awareness.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that records as required by the Regulations were maintained

in the centre.

All records as requested during the inspection were made readily available to the inspector. Records were neat, clear and orderly.

All policies as required by Schedule 5 of the Regulations were available and up to date. Systems were in place to review and update policies. The person in charge had put systems in place to ensure that staff read and understood policies

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mary Costelloe
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
Centre ID:	OSV-0004871
Date of Inspection:	29 and 30 September 2015
Date of response:	26 November 2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Daycare service users on some occasions used the bathroom and showering facilities in the centre. This had implications for residents' privacy and sense of home.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:

- The use of bathroom and showering facilities within the centre by an individual in a day programme has ceased with immediate effect.

Proposed Timescale: 30/09/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The service agreement did not clearly set out the fees for rent to be charged.

2. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:

- Agreement for the provision of services will include all fees/contributions e.g. rent

Proposed Timescale: 30/10/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A full assessment of the resident in line with national policy had not been completed prior to using bedrails and there was no routine monitoring of the restraint when in use. Staff had not received training in the use and implications of restrictive procedures in particular bedrails. There was no evidence of consultation/consent or that the resident/family had not been made aware of the risks involved in the use of this restraint measure.

3. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:

- An Occupational Therapist assessment and report will be completed in line with the National Restrictive Practice Policy and staff will explore and trial other least restrictive options as recommended by the OT.
- Consult with families and inform them of the risks involved with the use of bed rails and evidence consent if bedrails are to be utilised going forward. (This will be based on OT assessments when alternative equipment will be considered during a trial period)
- The monitoring of the bedrails over a 24-hour period will be implemented if required following the OT assessment and trial of least restrictive options.
- Training for staff in relation to National Restrictive Practice's Policy will be provided.

Proposed Timescale: 30/12/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Complex healthcare needs were not being supported in line with personal plans.

4. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

Please state the actions you have taken or are planning to take:

- Appointment is planned with Incontinence Nurse to review incontinence hygiene and hydration in line with best practice on 11th December 2015 @11am.
- Following consultation with the Incontinence Nurse, recommendations will be updated in the individual's person centred plan. 30th December 2015

Proposed Timescale: 30/12/2015

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Details of a recent medication error recorded were unclear.

5. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:

- Going forward Medication discrepancies will be documented on the new online information system (OLIS), this form will give guidance to staff on how to document medication error's clearly.

Proposed Timescale: 01/01/2016**Outcome 17: Workforce****Theme:** Responsive Workforce**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The inspector had some concerns that the staffing arrangements at night time could not fully support and monitor the needs of a resident with complex healthcare issues.

6. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:

- Changes to evening and morning shifts are implemented with staff working on direct support until 12 midnight and morning staff commencing their shift at 7.30am on direct support.
- Further investigation with a Urologist in relation to reoccurring health needs has been carried out since 9th November 2015. This appointment highlighted a need to review hygiene practices and hydration.
- Restrictive Practice review has been carried out by an Occupational Therapist in relation to use of bed rails and consideration of alternative options. Trial of an 'Accora Floor Level Bed', with bed end bumpers, non-slip crash mats and a high pressure relieving mattress will take place by 4th December 2015.
- A visit has been arranged with the Incontinence Nurse to advise on best practice in relation to incontinence hygiene and hydration on 11th December 2015 @ 11am.
- A review of a resident's epilepsy medication is organised with a Neurologist for 16th December.
- Revised staffing arrangements at night time will be reviewed again by the PIC and senior management from the organisation following receipt of assessment reports from all relevant professionals by 30th December 2015.

Proposed Timescale: 30/12/2015

